Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Tuesday 11 October 2022 at 10am in the Conference Room, NIAS North Division HQ, 121-125 Antrim Road, Ballymena BT42 2HD

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
In Attendance:	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms R Finn	Assisant Director QSI (rep Ms Charlton)
	Ms V Cochrane	Assistant Director HR (rep Ms Lemon)
	Mrs C Mooney	Board Secretary
	Mr J Wilson	Boardroom Apprentice
	Ms K Keating	Risk Manager (for agenda item 6 only)
Apologies:	Mr D Ashford	Non Executive Director
	Mr T Haslett	Non Executive Director
	Ms R Byrne	Director of Operations
	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Lemon	Director of HR & OD

1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting

The Chair noted that apologies had been received from Mr Ashford, Ms Byrne, Ms Charlton, Mr Haslett and Ms Lemon.

She reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The Chair said that she would like to declare an interest as Chief Commissioner of the Charity Commission NI in relation to agenda item 6.

The meeting was declared as quorate.

2 Previous Minutes (TB11/10/2022/01)

The minutes of the previous meeting held on 25 August 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Nicholson.

3 Matters Arising (TB11/10/2022/02)

Members **NOTED** that the actions arising from the previous meeting had been actioned.

4 Chair's Update

Commencing her update, the Chair said she wished, at the outset, on behalf of the Trust Board to acknowledge the tragic events in Creeslough on Friday 7 October and conveyed her deepest sympathies to all involved. She said it was a devastating impact for such a small local community in terms of the number of people who had tragically lost their lives.

The Chair said she had been in contact with Mr Bloomfield regarding the NIAS staff who had provided an emergency response and the impact on them and said she had been reassured that the necessary support would be provided.

The Chair said that members had been copied into a series of correspondence between her and Mr Jakobsen, DoH, in relation to the funding of the Clinical Response Model (CRM) business case. She said that, following discussion at the August Trust Board meeting, Non-Executive Director colleagues had agreed to the Chair raising the matter with DoH senior officials in the first instance. The Chair said that it was clear from speaking to DoH colleagues that they, too, were frustrated by the lack of progress. However she added that the Trust had been promised comments by

mid-week and said she would like to have further discussion in the In Committee section of the meeting on further escalation steps should the comments not be forthcoming.

Continuing her update, the Chair advised that, along with Ms Lemon, she had attended a Service of Thanksgiving for HSC staff in Dromore Cathedral on 4 November.

She reported that she also attended the Women in Leadership conference in Birmingham which had been a precursor to the Ambulance Leadership Forum (ALF) conference which had been organised by the Association of Ambulance Chief Executives (AACE). The Chair acknowledged that, while the conference was focussed towards English ambulance services, there were some interesting discussions and shared challenges.

The Chair advised that, along with other Trust Chairs, she met with the Permanent Secretary and said the DoH focus was very much on the Trust improvement trajectories.

The Chair reported that, over recent weeks, she had held separate meetings with Ms Carville, recently appointed as the NI Comptroller and Auditor General, and Ms McKeown, Head of Internal Audit as well as joining other HSC Chairs in a meeting with the Minister for Health where the focus of discussion was on the budget and arrangements post the deadline of the end of October to have a functioning Executive in place.

Continuing, the Chair explained that she had been unable to attend two graduation ceremonies for students from the BSc and AAP14 courses. However she said she intended to meet with the AAP14 students as well as calling into the Non-Emergency Ambulance Control in Altnagelvin later in the week.

The Chair indicated that the recruitment competitions for NIAS Chair and Non-Executive Director positions had not yet commenced. However she advised that she had agreed to stay on to the end of March.

Referring to handover delays, the Chair said that the Board had discussed this issue on numerous occasions and advised that, at her request, Mrs Mooney had collated extracts from Board minutes showing when the issue had been discussed. She explained that

these extracts would provide members with some comfort that the Trust Board had discussed the issue and looked at the various options available and she asked Mrs Mooney to circulate the extracts to members for their information.

The Chair noted that the issue was initially discussed at the Board meeting in August 2021 and said that, as well as providing a record of the discussion, the minutes also provided a record of the actions taken, not just by the Trust Board but by the Chief Executive and other Directors. She acknowledged that one of the difficulties and frustrations shared by members was that, despite everyone's best efforts, the issue of handover delays remained.

Continuing, the Chair acknowledged the significant focus the ARAC had placed on the risks associated with the handover delays most importantly to patients and the impact on the wider HSC system and indicated that Mr Abraham, in his role as the ARAC Chair, had now written to her to escalate the issue to the Trust Board for consideration. The Chair said that she intended to discuss this issue in more detail in the In Committee session.

Members **NOTED** the Chair's update.

5 Chief Executive's Update

Commencing his update, Mr Bloomfield referred to the tragic events in Creeslough on Friday 7 October and conveyed his deepest sympathies to those families who had lost loved ones and those who were injured. He said that he had provided an update to members on the Saturday morning providing details of the NIAS involvement.

He advised that the NIAS Emergency Ambulance Control had received contact on the Friday afternoon to alert the service to a major incident that had taken place in Creeslough. He said that, at that time, the only details provided was that a building had collapsed following an explosion.

Mr Bloomfield advised that the NIAS immediately despatched a number of resources, including two Hazardous Area Response Teams (HART), HEMS, one emergency ambulance and one Station Officer from Altnagelvin. He said that these staff were replaced through the night as well as sending additional staff to the scene.

Mr Bloomfield indicated that the HART teams had particular expertise and training for such circumstances and said that this did result in these staff taking on a difficult part of the work.

Mr Bloomfield acknowledged the incredibly distressing circumstances for staff. He said that the Trust was very mindful of the impact on staff and had ensured the necessary peer support arrangements were put in place, involving interventions at the appropriate time. He added that a focus would continue on this in the coming days and weeks.

Continuing, Mr Bloomfield said that the Trust had also been offered similar support by National Ambulance Service (NAS) colleagues and said it was likely that a cross-border multi-agency debrief would take place in the near future. He stressed the need to ensure that this was properly co-ordinated and assured members that all staff would receive the necessary support.

Mr Bloomfield indicated that the Trust had received numerous messages of thanks and support including from the Health Ministers, North and south, the Permanent Secretary and the Chief Medical Officer. He said that he had requested that the messages were shared with those staff involved in the tragedy.

Mr Bloomfield said he had been very proud of the way in which the NIAS had responded and supported their colleagues in Creeslough and added that he had no doubt that, had the situation been reversed, NAS colleagues would have responded similarly as they had done when the NIAS had been challenged in ensuring cover.

Mr Bloomfield said that he had been honoured in September to represent the Trust at a number of events to mark the death of Her Majesty the Queen, including the Proclamation of Ascension held at Hillsborough; Message of Condolence which had been attended by the King and the Queen Consort; Service of Thanksgiving at St Anne's Cathedral and the Queen's funeral service at Westminster Abbey. Mr Bloomfield said that he normally would ensure that such invitations were shared amongst staff in order to acknowledge their contribution. However, he explained that, on these occasions, the invitations had been non-transferrable and he believed it was fitting that ambulance services had been represented at all events.

Continuing his update, Mr Bloomfield advised that, accompanied by Dr Ruddell and Mr Sinclair, he had recently met with the second cohort of paramedics undertaking the BSc at the University of Ulster. He said they had spent some time with them explaining their vision for the ambulance service and discussing future career opportunities. He added that the Trust would continue to keep in contact with the students as they would undertake placements with the Trust over the next year.

Mr Bloomfield indicated that he had attended the Ambulance Leaders' Forum (ALF) Conference with a number of colleagues and had been delighted when Ms Caitlin Mullan had been awarded the Emergency Medical Despatcher of the Year Award. He conveyed his congratulations and those of Trust Board to Ms Mullan on her award.

Mr Bloomfield reported that he, Dr Ruddell, Ms Paterson and Mr McNeill had recently met with the Interim Chief Executive of the NIFRS and his senior management team to discuss areas of potential collaboration, for example shared use of estates and training facilities. He said that, at the meeting, the NIFRS had restated their commitment to progressing an initiative whereby the NIFRS would respond to cardiac arrest calls in rural areas and perform CPR until the NIAS arrived on scene. He reminded members that this initiative, known as 'Maggie's Call' had been called for following the tragic death of five-year old Maggie Black in December 2021. Mr Bloomfield acknowledged that it was likely to be some time before the initiative was fully operational but said he had made it clear at the meeting that the NIAS was ready to provide the necessary training for NIFRS staff at the appropriate time.

Continuing, Mr Bloomfield advised that he, Dr Ruddell and Ms Paterson would be attending a workshop organised by the DoH to look at service reconfiguration. He reminded the meeting that, before the summer, the Minister had announced his intention to undertake a public consultation in the autumn on service reconfiguration, taking account of which services might be provided from which locations.

Mr Bloomfield explained that the other five Trusts would present their initial views and said that the NIAS attendees would be ensuring the potential impact of the changes on NIAS was made clear. He added that it would also be important to make clear what

the NIAS could and could not do within its existing resources. He believed the workshop would also provide a further opportunity to point out that the facilitation of these potential changes was linked to CRM investment and reminded the meeting that one of the key elements of CRM investment was to enable system-wide transformation.

Mr Bloomfield indicated that, at the August Trust Board meeting, he had briefly mentioned that October would be designated as 'Shoctober' to raise awareness of defibrillators and the importance of registering them and ensuring they were ready for use. He said there had been social media activity in relation to the Shoctober campaign and reminded members that they would receive CPR training following this meeting.

Concluding his update, Mr Bloomfield advised that Ms Lemon had recently been appointed as the Trust's Director of Human Resources and Organisational Development (HR & OD).

He further advised that Mr McNeill had indicated his intention to retire at the end of January. Mr Bloomfield said that Mr McNeill had made a significant contribution through his wide range of roles in the NIAS and added that members would have an opportunity to mark his retirement.

Dr Ruddell advised that he had received an invitation from the Coroner to attend Maggie Black's inquest on 11 November to specifically discuss the issue of ambulance availability and resourcing as well as the family's wish to progress the 'Maggie's Call' petition. He added that the Trust had also been asked to submit a statement ahead of the inquest.

Dr Ruddell said that the Trust had been in touch with Maggie's family last week to go through the detail of the SAI report with them. He said that he continued to be humbled by their understanding and gracious approach and said the family was keen to use the Coroner's inquest to highlight the challenges faced by the NIAS and to push forward with 'Maggie's Call'.

The Chair indicated that Mrs Black continued to be in regular contact with her and the Chief Executive. She acknowledged her frustration in having to advise Mrs Black that the initiative around cardiac arrest had not progressed as much as she would have liked

but the Chair said she was encouraged by the fact that the NIFRS remained committed to this area of collaboration between the two organisations. She acknowledged that, while the inquest would undoubtedly be extremely painful for the Black family, the family would be keen for positive steps to come out of the inquest in terms of progressing the dialogue to ensure 'Maggie's Call' was implemented.

The Chair thanked Mr Bloomfield for his update which was **NOTED** by members.

6 **Body Worn Video – Phase 2 Summary (TB11/10/2022/03)**

The Chair welcomed Ms Katrina Keating, Risk Manager, to the meeting and asked Ms Paterson to introduce this agenda item.

Ms Paterson referred to the significant amount of work which had been undertaken to reach this point, ie the outcome of the second phase of the consultation. She pointed out that the Body Worn Video (BWV) Policy which had been revised slightly following receipt of comments during the consultation had been approved by the ARAC at its recent meeting and she invited Ms Keating to highlight the salient points to members.

Ms Keating reminded members that the first phase of the consultation had taken place between 6 December 2021 and 14 February 2022 and had included the requirement for a second full public consultation to be carried out on the proposed Pilot and Deployment Plan to help gauge the reaction of the public to the operational deployment of BWV devices and address any concerns they may have in this regard. This second phase took place between 13 May and 5 August 2022. Ms Keating advised that seven responses had been received and she drew the meeting's attention to the summary of responses, including written feedback from the Information Commissioner's Office and the Human Rights Commission.

The Chair commended Ms Keating on the clarity of the papers before the Board.

Mr Abraham clarified the role of the Human Rights Commission and asked if they had to approve the documentation before it could progress any further.

In response, Ms Keating explained that the Commission had been very willing to review the documentation and provide feedback to the Trust but had no role in approving its content.

Mr Dennison acknowledged that an element of the consultation alluded to the fact that the use of cameras would not stop attacks and said there was also reference to de-escalation techniques. He asked for further detail on the plans to roll these techniques out to staff.

Ms Keating referred to the Violence Prevention and Reduction Strategy which had been approved by the Trust Board in May 2021. She said that the issue of refresher training for staff had been raised recently at the Education and Learning Development Forum. Ms Keating explained that she had been liaising with the Medical Directorate to have this training refreshed, benchmarked nationally and rolled out to staff. She stressed the importance of staff having all tools to hand to prevent and reduce violent assaults.

The Chair commented that it was encouraging to see that, while only a small number of responses had been received, the responses received had been considered and clearly demonstrated that the documentation had been reviewed in detail.

The Chair also welcomed the fact that, in engagement with the Human Rights Commission, Ms Keating had been able to challenge the Commission's suggestion not to film children by citing the example of a member of staff who had been seriously assaulted by a teenager and therefore a blanket request not to film children could not be applied.

On a proposal from Mr Dennison which was seconded by Dr Ruddell, the Board **APPROVED** the Pilot & Deployment Plan for BWV. It noted that the revisions to the BWV Policy had been approved by the ARAC at its meeting on 6 October 2022.

The Chair thanked Ms Keating for her attendance and she withdrew from the meeting.

7 NIAS Flu Vaccination Programme 2022-23 (TB11/10/2022/04)

At the Chair's invitation, Ms Finn highlighted the salient points of the Trust's Flu Vaccination Programme. She explained that the Trust intended to follow a similar format to previous programmes with one significant difference in that administration of the flu vaccination, as well as the Covid-19 vaccine, would be co-ordinated by other Trusts on behalf of NIAS.

Mr Bloomfield pointed out that, for a number of years running, the NIAS had been the only Trust in NI to achieve the target set by the DoH. However last year had seen the NIAS uptake rate reduce to 45%. Mr Bloomfield explained that, as staff could avail of the flu and Covid-19 vaccinations in external settings, it could potentially prove challenging to confirm uptake numbers.

The Chair indicated that this should be borne in mind by the Trust Board when it received progress reports.

The NIAS Flu Vaccination Programme 2022-23 was **APPROVED** on a proposal from Mr Bloomfield. This proposal was seconded by Mr Dennison.

8 NIAS Operational Improvement Plan (TB11/10/2022/05)

Ms Paterson drew members' attention to the NIAS Operational Improvement Plan and explained that the Plan outlined the Trust's improvement and operational priorities to minimise the impact of winter pressures upon the service. She added that the actions therein were co-ordinated by the Operations Improvement Group which had been meeting since the end of June.

Continuing, Ms Paterson acknowledged that Covid-19 continued to present challenges with regard to capacity. She advised that, while the majority of actions were led by the Operations Directorate, a number were also being progressed by the Medical Directorate. Ms Paterson explained that some of the actions being taken forward would supplement the regional unscheduled care plan which was owned by all Trusts with oversight from the SPPG.

Ms Paterson advised that the regional unscheduled care plan was in effect the regional winter plan and pointed out that aspects of the unscheduled care plan had been presented to the ARAC in terms of

mitigation around handover delays. However, she indicated that the key risk to the delivery of all the initiatives set out in the Operational Improvement Plan was that of funding constraints. Ms Paterson said that, along with Finance colleagues, she was monitoring these as well as the demography funding made available to the Trust.

She pointed to page 4 of the Plan which set out the initiatives and workstreams being progressed to enhance the NIAS' service response as well as identifying the priority attached to each.

Ms Paterson referred in particular to the deployment of the derogation list which provided an opportunity to allow staff to finish their shift on time rather than respond to the next call. She emphasised the need for a careful balance in this regard and advised that the derogation list had been used on 80 occasions since the start of the year. Ms Paterson added that the decision to use the derogation list was reviewed on each occasion to ensure no harm had resulted. She acknowledged that there was more risk attached to using the derogation list in the evenings as opposed to mornings due to the fact that there tended to be less crews than demand in the evenings. Ms Paterson reminded the meeting that the risk associated with the use of the derogation list had been included in the Trust's Corporate Risk Register and focussed on the balance between staff welfare and patient safety, mindful that staff welfare and the availability of staff had the greatest impact on patient safety.

Continuing, Ms Paterson alluded to alternative shift patterns and explained that the Trust was trying to develop overlap shifts with a view to maximising staff capacity when demand was at a peak in order to ameliorate fact that staff were often working beyond their shift finish time. She pointed out that if this proof of concept was successful, it could potentially reduce the use of the derogation list as well as reducing compensatory rest the following day. However, Ms Paterson pointed out the implementation of a new shift pattern had cost implications.

Ms Paterson emphasised the importance of measuring the effectiveness and efficacy of the actions being taken and how they were delivered so the Trust could focus on those actions which resulted in the best return from safety and productivity perspectives whilst simultaneously taking account of the current funding constraints.

Mr Bloomfield welcomed this approach. He said, while the Trust could continue to encourage staff to fill shifts as much as possible, the Operational Improvement Plan clearly set out the supporting work being undertaken. He cited the example of Station Officers and Supervisors undertaking administrative roles and explained that, through implementing the Plan, these officers would be freed up to support staff on difficult calls and manage attendance for example.

Mr Bloomfield believed that the Plan, using the planning and analytical skills of Ms Paterson's team working in conjunction with Operational colleagues and using their experience, knowledge and expertise, would see improvement in capacity over the coming months.

The Chair alluded to changing shift patterns and referred to an AACE presentation which had focussed on the impact of a 12-hour shift on a crew's health and wellbeing as well as the clinical safety aspect and the additional safety aspect of staff driving home after a long shift. She said she would welcome any initiative which would result in alternative shift patterns allowing maximum cover at peak times but which also provide for those staff who did not wish to work 12-hour shifts.

The Chair thanked Ms Paterson for her presentation of the NIAS Operational Improvement Plan which was **NOTED** by members and said she looked forward to future updates.

9 **Update on Regional Electronic Ambulance Communications Hub (REACH) (TB11/10/2022/06)**

The Chair reminded members that the Board had received a brief update on the REACH project at its August meeting and she had expressed some concern at the difficulties which had been articulated at that time. She reminded colleagues that she had requested a further update would be provided to the October meeting.

At the Chair's invitation, Ms Paterson reported that the project continued to be deployed as per the plan with 997 tablets having been rolled out to staff who had received training on when and how to use REACH.

Ms Paterson confirmed that engagement with Trusts had been successful, with the system rolled out to seven of 12 EDs.

Ms Paterson alluded to the high level of collaboration between all stakeholders and said the expectation was to have the programme fully rolled out by February 2023 in line with the plan.

However, Ms Paterson advised, there were a number of challenges facing the Trust with a key challenge being the low uptake rate of the REACH solution amongst staff and added that the uptake rate was between 5-10%. She pointed out that, when the original business case was written in 2018-19, 75% of calls resulted in ED conveyances, this figure had since reduced to 70% and added that currently the REACH system was only applicable to those patients with an ED pathway. Therefore, she said, if a patient was not being conveyed to ED, staff used a manual Patient Report Form (PRF).

She acknowledged that a number of hardware issues had also been reported at project deployment level via staff feedback as well as through Trade Union engagement. She pointed out that battery life and performance were key factors in this regard.

Continuing, Ms Paterson explained that listening to staff had assisted greatly in helping to shape the deliverables. She acknowledged that REACH was a key dependency for a range of other projects and programmes across the Trust and stressed the importance of the Trust being able to deliver the REACH programme successfully.

She alluded to her earlier reference that REACH was not applicable on all patient care pathways. She explained that, during the deployment, EDs had progressively transitioned to REACH, meaning NIAS staff needed to make a decision on whether to use the REACH tablets or manual PRF based on their destination. She stressed the importance of ensuring that using the device was made as simple as possible for the member of staff using it. Ms Paterson believed that, once REACH was fully deployed, the option to use REACH or manual PRFs would become less of a factor as REACH would be used for all ED conveyances.

Continuing, Ms Paterson pointed out that the HSC landscape had evolved significantly and this expansion was expected to continue

over the coming years. She explained that alternative patient care pathways were being refreshed and relaunched which would result in further reducing ED conveyances.

Ms Paterson indicated that the impact of REACH would be reduced unless the scope of the project was expanded to increase its application to alternative care pathways and ensuring a single solution for all calls attended by the NIAS would help in delivering not only the benefits associated with a 75% usability, at risk of reducing further, but further increase it.

Ms Paterson explained that a larger scope of REACH would also assist its uptake as staff would have a single and consistent way to record clinical data. She pointed out that data was already being collated from those paramedics using the REACH system.

Mr Abraham referred to the need to operate the two systems in parallel, ie manual PRFs and the REACH system, until staff become fully familiar and comfortable with the electronic system. He suggested that there should then come a point at which the 'old' system was removed, thereby necessitating the use of the electronic system.

Ms Paterson acknowledged that there had been some issues with the hardware which had resulted in staff not being fully supportive of the move to REACH and accepted that it was easier to use the manual PRF. She emphasised that the REACH tablet and delivery of the record to ED was the pathway and was the reason REACH was introduced. She referred to the ultimate goal of using REACH for every call for every patient thereby ensuring a structure for its use. Ms Paterson acknowledged that it was difficult to adhere to structures when there were multiple pathways and the tablet did not operate to its optimum capacity.

Ms Paterson indicated that there was rich data currently being collated through REACH and suggested it might be helpful sharing this data with staff to demonstrate what was being delivered.

Mr Abraham asked if any timeframes/milestones had been identified for the implementation of REACH.

Responding, Ms Paterson explained that the REACH tablet used Bluetooth to transmit data to the receiving ED and advised that full

roll-out was expected by February 2023 ahead of imminent changes to the Vodafone network at that time.

The Chair alluded to the fact that the business case had been written in 2018-19. She noted that, at the time of her appointment as Chair in 2019, the focus had been to increase the incidence of 'See and Treat' and 'Hear and Treat' as well as encouraging the use of alternative care pathways and expressed concern that, despite their existence since 2018-2019, uptake was only 23%.

The Chair sought clarification around the cost implications of re-imaging the devices and the intended uptake of 75% by February 2023.

In response, Ms Paterson confirmed that a 75% uptake would be the maximum and said that the contractor had borne the costs associated with the re-imaging of devices.

The Chair asked if this reflected the fact that issues with the devices had been identified.

Ms Paterson suggested that there was always potential for issues with new devices to be highlighted. She reminded the meeting that 997 devices had been rolled out with approximately 80-100 users identifying issues.

Ms Paterson explained that, in order to better understand the range of issues, a survey had been carried out amongst REACH users and approximately 100 staff had responded to confirm they had experienced difficulties with the device. She confirmed that no additional or new issues had been identified by Trade Union colleagues. Ms Paterson said it would be important to work with Operations colleagues to understand how best to maximise deployment. She added that staff had held roadshows, had visited EDs and met with staff to discuss their experiences of using the devices and said their feedback would be important in moving forward.

Ms Paterson said she was confident that the benefits of the programme could be delivered. She stressed that it was an iterative process but said it was the Trust's role to consider the options as a programme team with a view to presenting options to the strategic group and to Trust Board with a further update.

The Chair welcomed this and emphasised the importance of not losing the goodwill of staff.

Mr Dennison said, while the REACH system was working, it appeared that staff had not been properly trained to operate the system. He questioned the costs involved and asked whether staff saw the benefits of the system in operation.

In response, Ms Paterson confirmed that staff had been trained and said that ongoing training would be provided until staff were comfortable in their use of the REACH system. She reiterated that the main issue lay with the device itself. She added that those individuals who were initially reluctant to transition from manual PRFs to the electronic system now supported its roll-out across the Trust.

Mr Dennison suggested that it would be helpful to identify a number of REACH champions amongst staff.

Mr Nicholson alluded to the additional costs and said that Ms Paterson had referred to the re-imaging of devices and engagement with the contractor. He confirmed that the initial costs for vehicle based devices that provided both elements of contingency and growth had been £250,000. He advised that this funding had been supported by a separate business case and allocation from the DoH.

The Chair accepted that the business case costs had been covered by the DoH allocation and sought clarification on whether the Trust had contributed any additional funding.

In response, Mr Nicholson confirmed that the Trust had contributed approximately £2 million.

Ms Paterson assured the Board that a risk assessment and benefit realisation impact would be conducted for each challenge identified and advised that some progress had already been made in this regard.

The Chair suggested that any escalation of costs should be brought to the attention of the PFOD Committee in the first instance.

The Chair thanked Ms Paterson for her comprehensive update and suggested it would be important for the Trust Board to receive an update at its meeting in March 2023.

Members **NOTED** the update on REACH.

10 **Performance Report – September 2022 (TB11/10/2022/07)**

Ms Paterson explained that Trust continued to develop various Key Performance Indicators (KPIs) set out in the report to support the Trust Board's oversight of the organisation. She added that the Medical Directorate was working to develop Clinical Performance Indicators (CPIs) which would be considered in the future.

Ms Cochrane advised that managing attendance continued to prove challenging and reported a slight monthly reduction in July and August but acknowledged that this reduction had been insufficient to allow the Trust achieve its target.

She pointed out that, with effect from 1 October 2022, Covid-19 absence would now be treated in the same way as normal sickness absence and suggested that this would impact on absence figures moving forward. Ms Cochrane advised that Ms Young and Ms Larkin had attended the PFOD Committee on 15 September to provide a presentation on the 'Maximising Attendance' project. She explained that the focus of the project was on early intervention and stay at work plans in terms of long-term conditions management. Ms Cochrane indicated that long-term absence was significantly greater than short-term absence. She said that the project would provide better training and tailored support for managers in individual cases and added that the 'Maximising Attendance' project would report regularly to the PFOD Committee.

Referring to Serious Adverse Incidents (SAIs), Ms Finn confirmed that the family engagement aspects of SAI investigations had now taken place with one Level 3 SAI investigation being referred to the Coroner. She advised that the key themes in Complaints, Compliments and Care Opinion remained consistent, namely delay in A&E response; staff attitude and concern regarding treatment. Ms Finn explained that, while the focus was on local resolution of staff attitude complaints, any learning identified around more serious areas would be addressed through the provision of additional support and education. Ms Finn indicated that the Trust

continued to collate feedback through Care Opinion. She alluded to further work being undertaken under the auspices of 10,000 More Voices, in particular the survey around 'What Matters to You'. Ms Finn added that a target had been set for 150 responses to the survey, following which consideration would be given to shaping services based on the feedback received.

In response to a question from the Chair on whether the common themes identified in complaints and through Care Opinion aligned with national themes, Ms Finn confirmed that they did.

The Chair drew members' attention to page 13 and 14 of the Performance Report which set out the Trust's July and August submissions to the improvement trajectories set by the SPPG. The Chair expressed concern that one of the targets pertaining to the NIAS related to handover delays and she pointed out that, for the second month, not a single target across Trusts had been achieved. The Chair emphasised the reliance of the NIAS on other Trusts to address the issues around handover delays.

Mr Abraham pointed to page 7 of the Performance Report, in particular the reference that *'In August 2022, NIAS had experienced a total of 11,146 lost hours, this is the equivalent of 30 shifts per days, with crews waiting with patients outside EDs, 27% of our planned capacity…'* and believed that this would inform the discussion later in the In Committee session.

Mr Bloomfield referred to page 3, 'Volume of 999 calls answered' and indicated that call answering performance had been included as one of the Trust's improvement trajectories. He pointed out that the call answering performance had remained below the 90% target for the second consecutive month when August 2022 saw the performance achieve 87.7%.

Continuing, Mr Bloomfield said that members would be aware of the recent BT industrial action and explained that BT call takers answered 999 calls in the first instance prior to transferring them to the appropriate emergency service. He pointed out that the NIAS was performing favourably in relation to picking up calls from BT compared to English Trusts.

Continuing, Mr Bloomfield said that, as the Trust was using the SPPG improvement trajectories to monitor progress, he would be

keen to use these to deliver in other areas, particularly handover delays and Cats 1-3 performance.

Mr Bloomfield referred to Cat 1 response times and explained that, compared to English Trusts where performance had deteriorated by 1 minute, the NIAS' performance had improved by 1 minute 5 seconds; similarly in Cat 2 response times, the NIAS' performance had improved by 3 minutes 35 seconds while English Trusts had deteriorated by 4 minutes 5 seconds.

Mr Bloomfield stressed that there was no room for complacency and said the Trust would continue to strive for improvement in these areas.

The Chair thanked everyone for their contribution to the discussion on the Performance Report which was **NOTED** by members.

11 **Finance Report (Month 5) (TB11/10/2022/08)**

Introducing the Finance Report for Month 5, Mr Nicholson advised that the Trust was reporting a breakeven position for the five months ending 31 August 2022 as well as forecasting a breakeven position at year end. He added that this was subject to a number of assumptions, particularly around assumed income, Covid-19 costs and efficiency savings. He said that the Trust continued to liaise with SPPG colleagues to finalise the resource requirements in relation to these issues and other financial pressures and deficits for the current year and beyond.

Continuing, Mr Nicholson pointed out that the Trust had initially been advised not to assume Covid-19 allocations beyond the first quarter of the financial year. However, he added that, while no formal allocations had been received to date, recent correspondence from the SPPG had clarified that the required levels of funding would be made available. Mr Nicholson said that he would undertake further analysis of the SPPG correspondence over the coming days subject to receiving final confirmation.

However, Mr Nicholson emphasised that, while confirmation of the funding had been received, the Trust should continue to exercise cost containment. He pointed out that the expectation was that any unused ringfenced allocations would be returned to the DoH at year end.

Referring to savings, Mr Nicholson reminded the meeting that the Trust had been set a target of £2.6 million but had only been able to identify £1 million from non-frontline non-recurring vacancies. He added that the Trust had received some additional support from the DoH to allow it deliver that £1 million savings on a non-recurrent basis.

Mr Nicholson advised that the Trust had received further correspondence from the DoH asking the Trust to identify any areas where costs could be contained. He explained that, following discussion with the Senior Management Team, the Trust had identified £3 million of potential cost reductions and he drew the Board's attention to page 4 of the report which detailed those areas where savings had been identified.

Mr Nicholson reminded the meeting that the Trust had requested £5 million towards training - £2.6 million for Cohort 4 and £2.4 million for the associated backfill. He said that it was very unlikely, given the current pressures and the fact that these would continue into the winter, that the Trust would be able to deliver on its planned backfill training and therefore it had included this allocation within the funding to be returned to the DoH.

The Chair noted that the Trust's agreed Revenue Resource Limit (RRL) was now £96.9 million and asked if this had increased. She also alluded to the allocations of £2.6 million and £1.58 million for Cohort 4 and energy costs respectively and asked if there would be a significant impact on the Trust should allocations not be forthcoming from the DoH.

Mr Nicholson said that he intended to go through the DoH correspondence in detail and he reminded the meeting that some of the initial allocations had included last year's pay award. He added that, while this had been provided as a non-recurrent allocation last year, some allocations will have been consolidated into the Trust's baseline. He suggested that it was likely that the Trust's RRL would increase from £96 million to £118 million and explained that the difference between the two figures would be the non-recurrent allocations.

Mr Abraham referred to the fact that members had had extensive discussion around the preferred format of the finance report and

was of the view that it provided the detail in a clear and concise manner.

Mr Nicholson drew members' attention to page 5 of the report which set out the Directorate financial position and advised that there had been an overspend within the Medical Directorate. He explained that this had related to support provided by the HART team to operational response and confirmed that the issue had now been resolved. He pointed out that the Operational budget represented approximately 80% of the overall budget.

Referring to page 6, Mr Nicholson advised that reliance on VAS/PAS remained significant and welcomed the fact that the Trust had recently moved to REAP level 3. He alluded to overtime expenditure and reported that this was on average £6 million per year. He added that the Trust continued to pay enhanced rates through the Covid-19 Rapid Response Payment Scheme (CRRPS).

Mr Nicholson referred to the Capital Resource Limit (CRL) and advised that, in an attempt to manage the traditional and exceptional risks, there was an element of over programming on the current capital programme. He explained that this would be managed through additional bids and funding or the deferral of schemes into the 2023-24 year. He advised that provisional figures for expenditure at August 2022 (Month 5) was £0.196 million against this allocation of £5.943 million and he confirmed that the Trust currently forecasted full spend against the CRL allocation at year end.

Mr Nicholson reported that the Trust continued its efforts to maintain its level of performance around the prompt payment of invoices. He acknowledged the fragility of the Trust's performance in this area and said that the recent FPL outage might impact on performance.

Mr Abraham welcomed the performance against the prompt payment of invoices and, whilst recognising the challenges, encouraged the Trust to maintain its efforts.

Ms Paterson referred to the Trust's use of the CRRPS and said it would be important to manage expectations moving forward. She advised that the Trust had not offered the CRRPS in October and did not intend to do so over the next two weeks based on the level of cover. She advised that she had had discussions within the

Operations Directorate about the use of VAS/PAS with a view to seeking to understand better how NIAS' reliance on VAS/PAS could be reduced by the end of the current financial year. Ms Paterson said she intended to discuss further with Senior Management Team colleagues how the Trust could manage this reduction whilst minimising the impact.

The Chair said that concerns had been expressed at previous meetings around reliance on the CRRPS and the impact on Trust overtime expenditure when the CRRPS ceased.

Ms Paterson said that she hoped members would begin to see a reduction in October on the use of the CRRPS.

Mr Dennison echoed Mr Abraham's earlier comments re the format of the Finance Report which, he said, clearly showed the required information. He conveyed his thanks to Mr Nicholson and his team.

The Chair thanked Mr Nicholson for his report which was **NOTED** by members.

12 **Committee Business:**

- **People, Finance & Organisational Development Committee – minutes of meeting on 30 June 2022 & report of meeting on 15 September 2022**
- **Audit & Risk Assurance Committee – minutes of meeting on 23 June 2022 and report of meeting on 6 October 2022 (TB11/10/2022/09)**

Members **NOTED** the various Committee minutes and reports of meeting.

Mr Dennison advised that he was pleased with the progress made by the PFOD Committee in consideration of the HR scorecard as well as the single improvement plan.

The Chair echoed these comments and believed that the Committee, which had only been in existence for two years, was now reaching a point whereby the information presented to the Committee provided members with the assurance required by Trust Board.

Mr Abraham reported that the ARAC had met on 6 October. Referring to the IA recommendations, he said the Committee was keen to ensure momentum was maintained in addressing the outstanding recommendations and added that he intended to proceed with the meeting on 8 December 2022.

Mr Abraham advised that the Committee had also received a presentation from Ms Paterson around the work being taken forward by the Trust to revert to business as usual and commended the presentation to those NEDs who were not members of the ARAC. He explained that this issue would remain a standing item on the ARAC agenda until the Trust transitioned to the next phase in the recovery/rebuild journey.

Alluding to Risk 357 around delayed handover times, Mr Abraham was of the view that the Trust had now passed the point of potential risk and had accepted that delayed handovers resulted in harm, injury or death to those patients waiting in the back of ambulances and asked that this continued to be documented appropriately. He also commended the paper prepared by Ms Paterson around Risk 357 and said it would provide an in-depth understanding.

Mr Abraham said he appreciated that the issue would be discussed further in the In Committee session. He was of the view that the duty to care also included the duty or willingness to speak out or articulate a position which might be contrary to common or agreed thinking at a certain point in time. He further suggested there was no point, after a problem had emerged, to discover that a few people had had concerns but had been afraid to raise them. Mr Abraham emphasised that the Trust Board must ensure questions, concerns and views could be raised and heard.

He alluded to a number of recent enquiries and reviews which supported this approach:

- 'A Review of Leadership & Governance in Muckamore Abbey Hospital' (31 July 2020) ('Muckamore Review') - paragraph 5 noted that *'…there was a lack of interest and curiosity at Trust Board level*.'
- 'The Independent Review into the Circumstances of Board Member Resignations in the RQIA' (8 December 2020) criticised the RQIA Board, stating that: *'…the Board was passive and almost reactive in how it was operating.'*

- 'The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' - Robert Francis QC noted: *'This Inquiry is charged to investigate the deficiencies in the system which allowed the events of Mid Staffordshire to pass unnoticed or without effective reaction for so long…There was a combination of factors, of deficiencies throughout the complexity that is the NHS, which produced the vacuum in which the running of the Trust was allowed to deteriorate.'* Subsequently, in para. 1.1 of 'Summary of Findings', Francis noted: *'…there has been a constant refrain from those charged with managing, leading, overseeing or regulating the Trust's provision of services that no cause for concern was drawn to their attention, or that no one spoke up about concerns.'*
- 'The Report of the Inquiry into Hyponatraemia Related Deaths' – at paragraph 7.15, Professor Scally advised that there was no requirement during the period under review for Boards or Trusts to notify the Department about '*potentially avoidable deaths or other instances of serious clinical failure.'*

Mr Abraham said he had been particularly drawn to comments found at paragraph 7.24 which reflected statements he had made previously: 'As Mr Gowdy observed '*you don't know what you don't know, so you need to have a system to find out.' The Department did not know, did not have a system and did not find out.'*

Mr Abraham commented that blindness, wilful blindness or lack of processes to look at issues did not excuse Boards and organisations.

Mr Abraham said that, following detailed discussion at the ARAC meeting, it was the Committee's view that the situation remained unacceptable. He pointed out that it was important to note that the Committee agreed that NIAS was doing everything possible but the situation remained unacceptable.

Continuing, Mr Abraham pointed out that it was for this reason, the Committee felt that this was no longer an ARAC issue and agreed this should be addressed by the Board as a whole as early as possible. He suggested that a special meeting would be needed where sufficient time could be devoted outside of the normal agenda. Mr Abraham commented that he had suggested the ARAC meeting time in December but the Committee had been of the view that this could not wait until then.

Mr Abraham said that the Committee also agreed to seek independent legal advice, in accordance with its powers, as to whether it was doing all that could be done given the harm being caused to patients as well as to determine if any other actions could be taken in relation to this matter.

The Chair thanked Mr Abraham for his comments and said it would be helpful for members to have a fuller discussion in the In Committee session. As the Board was in public session, she said she wished to record that it was clear the ARAC had interrogated this particular risk in extreme detail by offering suitable challenges and support to colleagues to ensure that all actions had been taken to address this risk and yet the risk remained.

The Chair agreed that it was appropriate that the Trust Board was visible in acknowledging the risk and considering what, if any, further actions needed to be taken to mitigate the risk. She said it would be important to be mindful, when considering possible options in the In Committee session, of the role of the Trust Board while at the same time acknowledging the fact that the NIAS was one of six Trusts and therefore did not have the authority to hold other Trusts to account. The Chair said she very much appreciated the frustration of Non-Executive Directors at NIAS' position in terms of working in partnership with other Trusts when those Trusts had clearly been unable to address the risk. She suggested that the Board may have to accept that addressing the risk fully was outside of its control and accepted that this would be an uncomfortable position.

Continuing, the Chair said it was clear from previous discussions that members of the Trust's Senior Management Team had continued to raise the risks associated with delayed handovers at every opportunity and she was aware from her meeting with Ms McKeown that the risk was being considered across the HSC system.

Mr Abraham reiterated that the ARAC had been content that the Trust was doing everything within its power to raise awareness of the risk and the harm that was caused to patients as a result of delayed handovers. He suggested that the challenge would be to 'think outside the box' about other solutions.

The Chair said she would welcome members' views and said it was important that the Trust would continue to focus on this issue. She acknowledged that the issue would be further discussed in the In Committee session and members should be mindful as to what they wished to achieve from that discussion.

Mr Bloomfield referred to the feedback offered by Mrs Mitchell, ARAC Independent Adviser, to the ARAC and advised that Mrs Mitchell had been of the view that the ARAC had discharged its responsibilities.

Mr Abraham accepted that Mrs Mitchell's feedback had formed the genesis of reverting this risk to Trust Board.

The Chair accepted that Trust Board retained the corporate risks and believed it was appropriate that such a significant risk and one which had a direct impact on patients as well as on the health and wellbeing of staff should be discussed at the Board. She said she was also mindful of the efforts being made by individuals around the Board table who were trying to manage this risk while fully aware of the impact it had on individuals' lives.

13 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 15 December 2022 at 10am. Venue to be confirmed.

14 **Any Other Business**

(i) Trust Seal

Mr Nicholson advised that the Trust Seal had been applied in relation to the lease at M1 Business Park (Central Stores, Procurement & Logistics) from 8 May 2022 for five years.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 2.00 PM.

SIGNED: Nicole Caprani
(electronically signed)

DATE: 15 December 2022